

CLAIMS ONLY

Application Number

10/060489

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/	/	/	/
2				/		/
3				/		/
4				/		/
5				/		/
6				/		/
7				/		/
8				/		/
9				/		/
10				/		/
11				/		/
12				/		/
13				/		/
14				/		/
15			/	/	/	/
16				/		/
17				/		/
18				/		/
19				/		/
20				/		/
21				/		/
22				/		/
23				/		/
24				/		/
25				/		/
26				/		/
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28				/		/
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30				/		/
31				/		/
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35				/		/
36				/		/
37				/		/
38				/		/
39				/		/
40			/	/	/	/
41				/		/
42				/		/
43				/		/
44				/		/
45				/		/
46				/		/
47				/		/
48				/		/
49				/		/
50				/		/
Total Indep			4		3	
Total Depend			43		33	
Total Claims			47		36	

	Indep	Depend	Indep	Depend	Indep	Depend
51				/		/
52				/		/
53				/		/
54				/		/
55				/		/
56				/		/
57				/		/
58				/		/
59				/		/
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61				/		/
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92				/		/
93				/		/
94				/		/
95				/		/
96				/		/
97				/		/
98				/		/
99				/		/
100				/		/
Total Indep						
Total Depend						
Total Claims						